



**State of Florida
Department of Children and Families**

Rick Scott
Governor

Ester Jacob
Interim Secretary

Vicki Abrams
Regional Managing
Director

November 7, 2013

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED 7008 0500 0000 2542 2262**

Emerald Mickles
612 North 49th Avenue
Pensacola, Florida 32506

Re: Foster Home License Revocation

Dear Ms. Mickles:

This letter is to notify you that the Department of Children and Families has reviewed your licensing file and made a determination to revoke your license based on the violations and concerns raised by FamiliesFirst Network's Foster Home Development (FHD) staff and the Family Services Counselors who have been assigned to children placed in your foster home. Information obtained shows numerous problems, the most serious of which relate to child safety issues involving medication and chemicals. Section 409.175, Florida Statutes, applicable to the licensure of family foster homes states the following:

- (9)(a) The department may deny, suspend, or revoke a license.
- (b) Any of the following actions by a home or agency or its personnel is a ground for denial, suspension, or revocation of a license:
 - 1. An intentional or negligent act materially affecting the health or safety of children in the home or agency.
 - 2. A violation of the provisions of this section or of licensing rules promulgated pursuant to this section.

Based on the documentation reviewed, it has been determined that this decision is appropriate based on the following violations and the below referenced Florida Administrative Code sections, Partnership Plan Agreement, and Shared Responsibility Agreement:

65C-13.029 Licensed Out-of-Home Team Member Roles.

(1) Responsibilities of the Licensed Out-of-Home Caregiver to the Child.

* * *

(g) Family Care Activities and Daily living tasks.

11. f. Health Care.

* * *

Circuit 1, Northwest Region, 160 Governmental Center, Suite 610-F, Pensacola, Florida 32502-5734

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

(IV) Licensed out-of-home caregivers shall ensure that each child who needs medical attention receives appropriate and adequate medical services promptly.

(V) Licensed out-of-home caregivers shall notify the services worker or supervising agency of any serious illness or any injury that requires medical treatment for a child. Licensed out-of-home caregivers shall notify the supervising agency immediately, if the following occur; a child requires hospitalization or emergency medical treatment; or a child dies; or any other life-threatening situation occurs.

g. Medicine.

(I) Licensed out-of-home caregivers are responsible for giving medication as prescribed and for recording the exact amount of any medication prescribed.

Partnership Plan for Children in Out-of-Home Care

* * *

13. Caregivers will effectively advocate for children in their care with the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers....

14. Caregivers will participate fully in the child's medical, psychological and dental care as they would for their biological child. Agency staff will support and facilitate this participation. Caregivers, DCF, CBC and agency staff will share information with each other about the child's health and well being.

Shared Responsibility Agreement

* * *

Your responsibilities to the children placed in your home include:

* * *

q. Giving each child the medications prescribed to them by a physician or psychiatrist in the correct dosage and duration. Documenting each dose in the Medication Log maintained in the Resource Guide.

* * *

Safety Policies:

* * *

e. All medications, poisonous chemicals, and cleaning materials must be in a locked place and inaccessible to children.

Abuse Report 2013-152106 was received on May 30, 2013, [REDACTED]

[REDACTED] You received in-service training regarding the provision of psychotherapeutic medications. The training required you to document medication given to a child and not reduce or stop giving the medication without medical consent. You failed to follow procedures. [REDACTED]

[REDACTED]
[REDACTED] You did not report [REDACTED] to the foster child's Family Services Counselor as required or obtain medical care [REDACTED]

Partnership Plan for Children in Out-of-Home Care

1. To ensure that the care we give our children supports their healthy development and gives them the best possible opportunity for success, caregivers and DCF, CBC and agency staff will work together in a respectful partnership.
2. All members of this partnership will behave professionally, will share all relevant information promptly, and will respect the confidentiality of all information related to the child and his or her family.

Special Conditions Report 2013-140110 was received on May 17, 2013, [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

You prevented the counselor from speaking with the foster child during the first home visit and thereby impeded a child abuse investigation required under Chapter 39, Florida Statutes. Your actions in this cover-up and deception, which include enlisting the help of your mother and a

friend/relative, and the foster child, show a serious lack of good judgment and provide evidence that you can't work in partnership with the agencies involved. Not only did you fail to set a good example for a twelve year old child, you made her a participant in your deception.

65C-13.027 Changes During the Licensed Year.

* * *

(1) General Requirements.

* * *

(b) The following occurrences shall be reported by the licensed out-of-home caregiver to the supervising agency upon occurrence:

* * *

4. Change of employment or significant change in work schedule prior to the event when possible;

Shared Responsibility Agreement

Your responsibilities to the Agency include:

d. Notifying the Agency when you have: a change of address, change in living arrangements, change in marital status, people moving in or out of your home, change in employment, significant changes in health or any other issue that may affect a child's well being. (Emphasis added.)

After you failed to respond to numerous telephone calls from Foster Home Development, it was learned that you had changed jobs and failed to report the change as required.

65C-13.029 Licensed Out-of-Home Team Member Roles.

* * *

(5) Responsibilities of the Licensed Out-of-Home Caregivers to the Department and Supervising Agency.

* * *

(q) Licensed out-of-home caregivers must treat department, supervising agency and lead agency staff, a child's family, the Guardian Ad Litem, and other professionals with respect and courtesy.

Shared Responsibility Agreement

Your responsibilities to the children placed in your home include:

* * *

j. Working with everyone involved to ensure that the child has a smooth transition when returning home or going to another placement.

Approximately two weeks prior to the May 17, 2013 abuse report, two foster children were placed in your home and you were given two bags of clothing and Wal-Mart gift cards. However, you continued to call the Child Protective Investigator (CPI) for more. When you spoke with the CPI, you stated that the Wal-Mart cards and clothing were not enough and that if you kept calling you would get what you wanted. You later called the CPI at 6:00 a.m. and told the CPI that you did not want the children anymore, that you "could not deal with it," without allowing time to find another placement and smoothly transition the children to a new home.

In light of the above violations, the Department has determined that revocation of your foster home license is appropriate.

IF YOU BELIEVE THE DEPARTMENT'S DECISION IS IN ERROR, YOU MAY REQUEST AN ADMINISTRATIVE HEARING TO CONTEST THE DECISION. YOUR REQUEST FOR AN ADMINISTRATIVE HEARING MUST BE RECEIVED BY THE DEPARTMENT WITHIN 21 DAYS OF YOUR RECEIPT OF THIS NOTICE. FAILURE TO REQUEST AN ADMINISTRATIVE HEARING WITHIN THE 21 DAYS PROVIDED SHALL CONSTITUTE A WAIVER OF THE RIGHT TO A HEARING.

You may submit your request for an administrative hearing to the Department at the following address:

Assistant Regional Counsel
Florida Department of Children and Families
160 Governmental Center, Suite 601
Pensacola, Florida 32502-5734

Please note that a request for an administrative hearing must comply with section 120.569(2) (c), Florida Statutes, and Rules 28-106.201(2), Florida Administrative Code. Those provisions, when read together, require a petition for administrative hearing to include:

- (a) The name and address of each agency affected and each agency's file or identification number, if known;
- (b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;
- (c) A statement of when and how the petitioner received notice of the agency decision;
- (d) A statement of all disputed issues of material facts. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action;

- (f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the agency to take with respect to the agency's proposed action.

Section 120.569, Florida Statutes, and Rule 28-106.201(4), Florida Administrative Code, require that a petition be dismissed if it is not in substantial compliance with the above requirements.

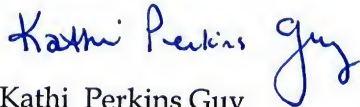
Your request should contain:

1. Your name and address;
2. A statement requesting a hearing and referencing this letter (denying your approval for licensing as foster parents);
3. A statement of all disputed issues of material fact, and if none, then so state. Pursuant to Section 120.57, Florida Statutes, the existence of a disputed issue of material fact entitles you to a formal hearing. If there are no disputed issues of material fact, the hearing will be informal. If you desire a hearing, please complete the attached request;
4. A concise statement of the ultimate facts alleged and the rules and statutes upon which you rely to support the relief you request;
5. A demand for the relief to which you are entitled; and
6. Such other information which you believe would be material.

Your failure to request a hearing in the time allowed will operate as an admission by you to the accuracy, authenticity and correct maintenance of the Department's records. **YOUR FAILURE TO REQUEST A HEARING WITHIN TWENTY-ONE (21) DAYS OF RECEIPT OF THIS NOTICE WILL ALSO RESULT IN A WAIVER OF YOUR RIGHT TO SUBSEQUENTLY REQUEST A HEARING ON THIS MATTER.**

Mediation as described in Section 120.573, Florida Statutes, may be available if agreed to by all parties, and on such terms as agreed to by all parties. The right to an administrative proceeding is not affected when mediation does not result in a settlement.

Sincerely,



Kathi Perkins Guy
Family and Community Service Program Manager
Northwest Region

Enclosure:

Form - Request for Admin. Hearing



REQUEST FOR ADMINISTRATIVE HEARING

Petitioner(s) Name: _____

Petitioner's Address: _____
(include zip code) _____

Petitioner's Telephone Number: _____

Petitioner's E-Mail Address: _____@_____

Name, Address, Telephone Number and E-Mail Address of Petitioner's Attorney or Representative, if any:

Telephone: _____

E-mail: _____@_____

Petitioner received notice by letter on _____ advising of the right
to request an Administrative Hearing regarding the _____

State Agency's Name:

Department of Children and Families, Circuit 1

State Agency's Address:

160 Governmental Center, Pensacola, FL 32502-5734

Check One: Petitioner _____ **DOES** _____ **DOES NOT** dispute the facts upon which the Agency
relied on in making its decision.

If Petitioner disputes the facts as stated by the Agency, the facts in dispute must be listed below:

If Petitioner disputes the facts upon which the Agency relied, Petitioner must state the facts as Petitioner believes them to be:

Explain how Petitioner's substantial interests are or will be affected by the Agency's decision:

Petitioner wants the Agency to take the following action in this matter:

Petitioner's Signature

Date

Petitioner's Signature

Date

(Attach additional sheets if more space is needed.)

Check one: Additional sheets ____ *are* ____ *are not* attached. If so, how many pages? _____